



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Gender _____

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____

Present symptoms _____

Present since _____

improving / unchanging / worsening

Commenced as a result of _____

no apparent reason

Symptoms at onset: *back / thigh / leg* _____

Constant symptoms: *back / thigh / leg* _____

Intermittent symptoms: *back / thigh / leg* _____

Worse *bending* *sitting / rising* *standing* *walking* *lying*

am / as the day progresses / pm

when still / on the move

other _____

Better *bending* *sitting* *standing* *walking* *lying*

am / as the day progresses / pm

when still / on the move

other _____

Disturbed sleep yes / no Sleeping postures: *prone / sup / side R / L* Surface: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Cough / sneeze / strain _____

Bladder / Bowel: normal / abnormal

Gait: normal / abnormal

Medications: _____

General Health / Comorbidities: _____

Recent / relevant surgery: yes / no

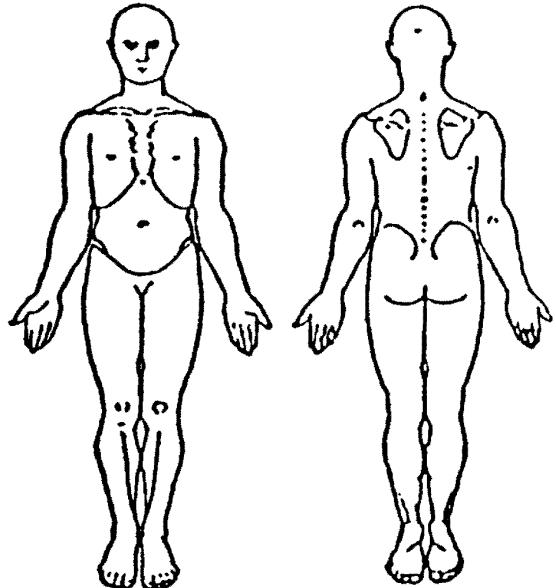
History of cancer: yes / no _____

Unexplained weight loss: yes / no

History of trauma: yes / no _____

Imaging: yes / no

Patient goals / expectations: _____



EXAMINATION

POSTURAL OBSERVATION

Sitting: lordotic / neutral / kyphotic

Change of posture: better / worse / no effect _____

Standing: lordotic / neutral / kyphotic

Lateral shift: right / left / nil

Shift relevant: yes / no

Other observations / functional baselines: _____

NEUROLOGICAL

Motor deficit	Reflexes
Sensory deficit	Neurodynamic tests

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms	
Flexion						
Extension						
Side gliding R						
Side gliding L						
Other						

TEST MOVEMENTS **Describe effect on present pain – During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised.

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	No effect
Pretest symptoms standing				
FIS				
Rep FIS				
EIS				
Rep EIS				
Pretest symptoms lying				
FIL				
Rep FIL				
EIL				
Rep EIL				
Pretest symptoms				
SGIS - R				
Rep SGIS - R				
SGIS - L				
Rep SGIS - L				
Other movements				

STATIC TESTS

Sitting slouched / erect / lying prone in extension / long sitting _____

OTHER TESTS _____

PROVISIONAL CLASSIFICATION

Derangement Central or symmetrical Unilateral or asymmetrical above knee Unilateral or asymmetrical below knee

Directional Preference: _____

Dysfunction: Direction _____ **Postural** **OTHER** subgroup: _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____